

Heroes Of Tomorrow Summer Camp

MAIL OR FAX FORM TO:



P.O. Box 1952
Longview, TX 75606
903.237.1019
Fax 903.237.1107



THIS FORM MUST BE SIGNED AND COMPLETED IN FULL TO VALIDATE REGISTRATION

Name of Participant: _____ Age: _____

School Attending: _____ Grade: _____ Date of Birth: _____

Address: _____ (circle one) F or M

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

How did you hear about HOT Camp?

Check one:

Camp Attending: _____ June 25th _____ July 9th

Location: **Longview Fire Department Training Center** located at 411 American Legion Blvd. _____

Time: 8:15 a.m.—3 p.m

T-Shirt Size (circle one) Youth S M L Adult S M L XL 2XL

**Parents are encouraged to join their child(ren) for a lunch/info. session
12-1. Please indicate if you will attend by checking one of the boxes below:**

_____ I am unable to attend

_____ I will attend & eat lunch

_____ I will attend, but will not eat lunch